APPLICATION FORM

Please complete in BLOCK LETTERS and tick the appropriate boxes.

STEP 1 OF 5

CHILD INFORMATION

Basic details about the player.

PERSONAL DETAILS

Child's First Name * _____ **Child's Last Name *** _____

Date of Birth * *(DD/MM/YYYY)* _____ **Age** *(Years)* _____ **Gender *** _____

Gender

☐ Male ☐ Female

EDUCATION

School Name _____ **Current Class / Grade** _____

FOOTBALL INFORMATION

Preferred Playing Position

☐ Goalkeeper ☐ Defender ☐ Midfielder

☐ Forward ☐ Not Sure Yet

Previous Football Experience?

☐ Yes ☐ No

If Yes, Which Club / Academy? _____

T-Shirt Size

☐ XS ☐ S ☐ M ☐ L ☐ XL

FORM TIP Write N/A where a question does not apply. Fields marked * are required.

APPLICATION FORM

Please complete in BLOCK LETTERS and tick the appropriate boxes.

STEP 2 OF 5

PARENT / GUARDIAN INFORMATION

Responsible adult and contact details.

PARENT / GUARDIAN DETAILS

Parent / Guardian Full Name *

Relationship to Child

☐ Mother ☐ Father ☐ Guardian ☐ Other

If Other, Please Specify

CONTACT INFORMATION

Primary Phone Number *

Alternative Phone Number *(Optional)*

Email Address *

ADDRESS

Residential Address

City / District

Occupation *(Optional)*

PREFERRED COMMUNICATION METHOD

Tick one or more options

☐ Phone Call ☐ WhatsApp ☐ SMS ☐ Email

APPLICATION FORM

Please complete in BLOCK LETTERS and tick the appropriate boxes.

STEP 3 OF 5

MEDICAL INFORMATION

Important information to help keep your child safe during training.

HEALTH INFORMATION

Does your child have any medical condition? *If Yes, complete the details below.*

☐ Yes ☐ No

Tick all that apply

☐ Allergies ☐ Asthma ☐ Regular Medication

☐ Physical Limitations ☐ Other

Medical Condition(s) / Health Details *Include allergy triggers, medication names, dosage instructions, or physical limitations.*

If Other, Please Specify

EMERGENCY CONTACT

Emergency Contact Name *

Relationship to Child * **Emergency Contact Number ***

MEDICAL CONSENT

☐ I authorize One Pass Adventure Soccer Academy to seek emergency medical treatment for my child if necessary.

SAFETY Please notify the academy immediately if your child's health information changes.

APPLICATION FORM

Please complete in BLOCK LETTERS and tick the appropriate boxes.

STEP 4 OF 5

PAYMENT INFORMATION

Academy fees and intended payment details.

ACADEMY FEES

ITEM	AMOUNT
Registration Fee	**UGX 100,000**
Training Kit: Uniform + 2 T-Shirts	**UGX 80,000**
Training Fee Per Appearance	**UGX 10,000**
One-on-One Training (Monthly)	**UGX 300,000**

TRAINING INFORMATION

TRAINING DAYS	Monday, Wednesday, Friday and Saturday
TRAINING TIME	8:00 AM
DRINKING WATER	Every player should bring drinking water whenever attending training.

PAYMENT METHOD

Select Intended Payment Method

☐ Mobile Money ☐ Pay at the Stadium

MOBILE MONEY PAYMENT DETAILS

AIRTEL MONEY

Number: 0745933593
Name: One Pass Adventure (Basalirwa AbdulBast)

PAYMENT STATUS & TRANSACTION DETAILS

Payment Status

☐ I have already paid ☐ I will pay within 24 hours ☐ I will pay at the stadium

Mobile Money Transaction ID *(Optional but recommended)*

_____

Payment Receipt *Attach a printed copy, screenshot, or photocopy where available.*

☐ Receipt attached ☐ Receipt not attached

IMPORTANT Registration is confirmed after payment has been verified by the academy.

APPLICATION FORM

Please complete in BLOCK LETTERS and tick the appropriate boxes.

STEP 5 OF 5

CONSENT & SUBMISSION

Parent declarations, consent, signature, and submission.

PARENT DECLARATION

- ☐ I confirm that all the information provided in this application is true and accurate.
- ☐ I understand that my child is expected to follow the academy's rules and code of conduct.
- ☐ I acknowledge that football is a physical sport and accept the associated risks.
- ☐ I authorize One Pass Adventure Soccer Academy to seek emergency medical treatment if my child requires immediate care.
- ☐ I consent to photographs and videos of my child being used for academy marketing, social media, and promotional purposes.

PARENT / GUARDIAN SIGNATURE

Parent / Guardian Full Name *

_____

Signature *

_____

Date * *(DD/MM/YYYY)*

_____

SUBMISSION CHECKLIST

Before submitting, confirm that you have:

- ☐ Completed all required fields
- ☐ Signed and dated the form
- ☐ Ticked the relevant consent boxes
- ☐ Attached a payment receipt, if available

SUBMIT Submit the completed form to the One Pass Adventure Soccer Academy registration desk.

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